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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/336392	
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Total Fee Calculation									
	Fee Code	Total # Claims	Number Extra	<u>x</u>	Fee	Fee =	Total		
	Sm/Lg.				Sm. Entity	Lg. Entity-			
Basic Filing Fee	201/101				·	760 -	760		
Total Claims >20	203/103	<u>60</u> -20 =	40	x		720 -			
Independent Claims >3	202/102	<u>4</u> -3 =		x		78 =	720		
Mult Dep Claim Present	204/104						78		
Surcharge	205/105					(22)	<u>·</u>		
English Translation	139					<u>130</u> •	130		
TOTAL FEE CALCUL						•	16878		
Fees due upon filing t	he application:								
Total Filing Fees Due	= s	1686	P.N	_					
Less Filing Fees Subm	itted - \$			-					
BALANCE DUE	= \$	16	88.0	-		•	•		
Office of Initial Patent	A Air	<u>Ess</u>							

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			UMBER FILED NUMBER					FEE	7	RATE	FEE		
B/	BASIC FEE							łł	NAIL		┨	RAIE	
										380.00	QR		760.00
	OTAL CLAIMS		60				tu		X\$ 9=		OR	X\$18=	720
_	DEPENDENT C			minus	3 =	<u>*/</u>			X39=		OR	X78=	78
ML	LTIPLE DEPENDENT CLAIM PRESENT						+260=						
* If	* If the difference in column 1 is less than zero, enter "0" in column 2					L	TOTAL		OR	TOTAL	1558		
	C	LAIM:	S AS A	MENDE) - P	ART II						OTHER	
			ımn 1)			olumn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REM/	AIMS AINING TER DMENT		PR	HIGHEST NUMBER JEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		8		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		OR	X78=	
·	FIRST PRESE	MIAIIO	N OF MU	JLTIPLE DEI	PEND	ENT CLAIM			+130=		OR	+260=	
								L	TOTAL		\\	TOTAL	
		(Calu	41		'	- l 0\	(O-1	A	DDIT. FEE		OR,	ADDIT. FEE	
		CL	imn 1) NMS			olumn 2) IIGHEST	(Column 3)	_		ADDI			4551
AMENDMENT B		AF	NINING TER DMENT		PA	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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								L	+130=		OR	+260=	
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			mn 1)				(Column 3)						
AMENDMENT C		REMA AF	IIMS INING TER DMENT		PR:	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*		Minus	**		=	Γ	X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=	F	X39=		OR	X78=	
	FIRST PRESE	NTATIO	N OF MU	LTIPLE DEP	END	ENT CLAIM		┢			~ }		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+130=		OR	+260=			
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												